



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Inventor: Tetsuya IKEDA et al. Group Art Unit: 2188

Appln. No.: 09/857,022 Examiner: M. Namazi

Filed: May 31, 2001

For: INTERLEAVE ADDRESS GENERATION APPARATUS AND
INTERLEAVE ADDRESS GENERATION METHOD

LETTER TO THE OFFICIAL DRAFTSMAN

RECEIVED

Assistant Commissioner of Patents
Washington, D.C. 20231

AUG 11 2004

Technology Center 2100

Sir:

Proposed corrections to Figs. 1, 2, 3A-3D, 4, and 7, showing
changes in red ink, is submitted herewith for approval.

Formal drawings reflecting these changes will be submitted upon
issuance of a Notice of Allowance.

Respectfully submitted,

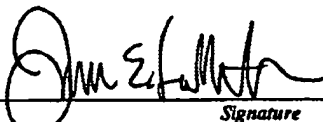
Date: August 5, 2004

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JEL/ejw

ATTORNEY DOCKET NO. L9289.01144

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. L9289.01144	
Applicant(s): Tetsuya IKEDA, et al.					
Serial No. 09/857,022	Filing Date Aug 05 2004 May 31, 2001	Examiner M. Namazi	Group Art Unit 2188		
Invention: INTERLEAVE ADDRESS GENERATION APPARATUS AND INTERLEAVE ADDRESS GENERATION METHOD					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34	20	14	x \$18.00	\$252.00
INDEP. CLAIMS	2	9	0	x \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					\$290.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$542.00
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$542.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-4375 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;"> RECEIVED AUG 11 2004 Technology Center 2100 </div> </div>					
 _____ <i>Signature</i>		Dated: August 5, 2004			
James E. Ledbetter, Esq. Registration No. 28,732 Stevens, Davis, Miller & Mosher, LLP 1615 L Street, N.W., Suite 850 Washington, DC 20036 Tel: 202-785-0100 Fax: 202-408-5200		I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ <i>Signature of Person Mailing Correspondence</i> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>			
CC:					